

**Office of Financial Institutions
DIVISION OF SECURITIES
1025 Capital Center Drive, Suite 200
Frankfort, KY 40601**

**APPLICATION FOR RENEWAL OF INVESTMENT ADVISER
AND REPRESENTATIVE REGISTRATION**

The Investment Adviser indicated below requests renewal of its registration and registration of its representatives with the Kentucky Office of Financial Institutions. The Investment Adviser represents that no material changes have occurred in the information contained in its application currently on file with the Office.

1. Name of Investment Adviser: _____

2. Business address: _____
City _____ State _____ Zip _____

Pursuant to KRS 292.330, the undersigned requests renewal of the investment adviser registration on behalf of the above-named Investment Adviser and renewal of the registration of the listed investment adviser representatives.

By: _____
Name, Title

Name (printed): _____

Representatives to be renewed:

NAME

SS#